

Division of Licensing and Protection
HC 2 South
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February 12, 2016

Ms. Cathy Conley, Manager
Historic Homes Of Runnemedede-Evarts House
40 Maxwell Perkins Lane
Windsor, VT 05089

Dear Ms. Conley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 13, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 01/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100	<p>Initial Comments:</p> <p>An unannounced onsite re-licensing survey was conducted on 1/13/16 by the Division of Licensing and Protection. The following is a regulatory finding.</p>	R100	
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that there was a written plan for non-nursing staff administering PRN (as needed) psychoactive medications for one resident sampled (Resident #1). Findings include:</p> <p>1. Per record review on 1/13/16, Resident #1 has an order for the psychoactive medication Risperidone 0.25 mg. by mouth every 4 hours as</p>	R167	<p>File 7</p> <p>New form to be put in place for each resident with an order for PRN psychoactive medications. This form will be resident specific and will state behaviors to be addressed, as well as, non-pharmacologic interventions to try prior to administering medication. Possible medication side effects will also be listed. This will be kept in the MAR.</p> <p>An initial form is to be completed within 48 hours of admission (or with new order) and reviewed / revised at the time of completion of the Resident Assessment.</p> <p>Forms will be reviewed with each care plan review and prn.</p> <p>2/10/16 DNC document KC/CL</p> <p>2/29/20</p> <p>ongoing</p> <p>ongoing</p>

(X6) DATE

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/13/2016
NAME OF PROVIDER OR SUPPLIER HISTORIC HOMES OF RUNNEMEDE-EVARTS			STREET ADDRESS, CITY, STATE, ZIP CODE 40 MAXWELL PERKINS LANE WINDSOR, VT 05089		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R167	Continued From page 1 needed for anxiety. There was no written plan for the non-nursing staff for the appropriate use of psychotropic medication that included the specific behaviors or circumstances, the side effects to be monitored, and documentation of the effectiveness of the medication. Per interview on 1/13/16 at 11:30 AM, the Charge Nurse confirmed that the resident did not have a written plan for non-nursing staff for the use of the PRN psychoactive medication for Resident #1.	R167	<p>R 167 con't.</p> <p>Forms to be signed by Charge Nurse and RN Administrator.</p> <p>Charge Nurse will monitor for proper documentation of any medication administration and interventions tried. (These are to be documented in the PCA notes.) This monitoring will occur monthly.</p> <p>Charge Nurse will provide report to the QA committee quarterly. RN Administrator will provide report to Board of Directors, annually.</p> <p>Education of form/documentation will be provided at monthly staff meeting.</p> <p><i>Revised 2/10/16 K.C./KL</i></p>	<p>ongoing</p> <p>ongoing</p> <p>ongoing</p> <p>2/11/2016</p>	